Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF OHIO		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Martin First name E. Middle name Johnson Last name and Suffix (Sr., Jr., II, III)	Barbara First name S. Middle name Johnson Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or		
	maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8481	xxx-xx-0569

Official Form 101

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	■ I have not used any business name or EINs. Business name(s) EINs			
5.	Where you live	580 James Avenue Akron, OH 44312	If Debtor 2 lives at a different address:			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Summit				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill in here. Note that the court will send any notices to this mailing address.			
	Number, P.O. Box, Street, City, State & ZIP Code		Number, P.O. Box, Street, City, State & ZIP Code			
6. Why you are choosing this district to file for bankruptcy		Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)			

		Case number (if known)				
Part 2: Tell the Court About Your Bankruptcy Case						
Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
choosing to file under Chapter 7						
☐ Chapter 11						
☐ Chapter 12						
☐ Chapter 13						
about how you may pay. Typically, if you	are paying the fee yo	k with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with				
☐ I need to pay the fee in installments. If The Filing Fee in Installments (Official Fo		on, sign and attach the Application for Individuals to Pay				
but is not required to, waive your fee, and applies to your family size and you are ur	d may do so only if yo nable to pay the fee i	n only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line that n installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition.				
9. Have you filed for bankruptcy within the ■ No.						
last 8 years?						
District	When	Case number				
District		Case number				
District	When	Case number				
10. Are any bankruptcy ■ No						
cases pending or being filed by a spouse who is Yes. not filing this case with you, or by a business partner, or by an affiliate?						
Debtor		Relationship to you				
District	When	Case number, if known				
Debtor		Relationship to you				
District	When	Case number, if known				

Official Form 101

11. Do you rent your

residence?

Go to line 12.

No. Go to line 12.

bankruptcy petition.

■ No.

☐ Yes.

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

	tor 1 tor 2	Martin E. Johnson Barbara S. Johnson			Case number (if known)				
Part	3:	Report About Any Bu	sinesses	You Own as a Sole Pro	prietor				
12.		ou a sole proprietor y full- or part-time ness?	■ No. Go to Part 4.						
			☐ Yes.	Name and location of	business				
	busing an ind separ as a d	e proprietorship is a ess you operate as dividual, and is not a late legal entity such corporation, ership, or LLC.		Name of business, if any					
	State & ZIP Code								
	it to th	nis petition.			e box to describe your business:				
				_	Business (as defined in 11 U.S.C. § 101(27A))				
				_ •	Real Estate (as defined in 11 U.S.C. § 101(51B))				
				Stockbroker (as defined in 11 U.S.C. § 101(53A))					
					roker (as defined in 11 U.S.C. § 101(6))				
				☐ None of the a	bove				
13. Are you filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance stands operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, following the statement of th				are a small business debtor, you must attach your most recent balance sheet, statement of					
	debto For a	definition of small	■ No.	I am not filing under (Chapter 11.				
	business debtor, see 11 U.S.C. § 101(51D).		□ No.	I am filing under Cha Code.	pter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy				
			☐ Yes.	I am filing under Cha	oter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Part	4:	Report if You Own or	Have Any	Hazardous Property o	Any Property That Needs Immediate Attention				
14.	prope	ou own or have any erty that poses or is ed to pose a threat minent and	■ No.	What is the hazard?					
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			If immediate attention is					
				needed, why is it neede					
perishab livestock or a build		xample, do you own nable goods, or ock that must be fed, building that needs at repairs?		Where is the property?					
					Number, Street, City, State & Zip Code				
			-						

Debtor 1 Martin E. Johnson
Debtor 2 Barbara S. Johnson

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

	Martin E. Johnson Barbara S. Johnson			Case numbe	Case number (if known)				
Part	6: Answer These Questi	ons for R	eporting Purposes						
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by a individual primarily for a personal, family, or household purpose."						
			☐ No. Go to line 16b.						
			Yes. Go to line 17.						
		16b.		siness debts? Business debts are debts stment or through the operation of the business.					
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you ov	we that are not consumer debts or busines	s debts				
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	I am not filing under Chapter 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and administrative expenses	■ Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative exare paid that funds will be available to distribute to unsecured creditors?						
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes						
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-1 □ 200-9	99	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000				
19.	How much do you estimate your assets to be worth?	\$ 100,	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion				
20.	How much do you estimate your liabilities to be?	□ \$100,	50,000 001 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion				
Pari	7: Sign Below								
For	you	I have ex	camined this petition, and I decl	are under penalty of perjury that the inform	nation provided is true and correct.				
				I am aware that I may proceed, if eligible, lief available under each chapter, and I ch					
			attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this ument, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request	relief in accordance with the ch	napter of title 11, United States Code, spec	cified in this petition.				
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,							

Official Form 101

and 3571.

/s/ Martin E. Johnson

Executed on October 20, 2016

MM / DD / YYYY

Martin E. Johnson Signature of Debtor 1 /s/ Barbara S. Johnson Barbara S. Johnson

Executed on October 20, 2016

MM / DD / YYYY

Signature of Debtor 2

ebtor 1	Martin E. Johnson		
ebtor 2	Barbara S. Johnson	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Maurice E. Graham	Date	October 20, 2016
Signature of Attorney for Debtor		MM / DD / YYYY
Maurice E. Graham		
Printed name		
Graham & Associates Law Offices, LLC		
Firm name		
333 S. Main Street, Suite 601		
Akron, OH 44308		
Number, Street, City, State & ZIP Code		
Contact phone 1-330-253-6264	Email address	jerrielaw@att.net; grahamlawoffice1@att.net
0072205		
Bar number & State		

FIII	in this information to identify your case:			
	tor 1 Martin E. Johnson			
	martin 21 connecti	Name Last Name		
1	tor 2 Barbara S. Johnson se if, filing) First Name Middle	s Name Last Name		
	3,	RN DISTRICT OF OHIO		
Offin	ed States Bankrupicy Court for the.	RN DISTRICT OF ONIO		
Cas (if kn	e number 		ПС	heck if this is an
Ĺ	,		_	nended filing
Of	icial Form 106Sum			
		bilities and Certain Statistical Information		12/15
info	mation. Fill out all of your schedules first; the original forms, you must fill out a new Summ	arried people are filing together, both are equally responsible f n complete the information on this form. If you are filing amend ary and check the box at the top of this page.		
				ur assets ue of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedu	le A/B	\$	105,180.00
	1b. Copy line 62, Total personal property, from S	Schedule A/B	\$	5,541.00
	1c. Copy line 63, Total of all property on Schedu	ıle A/B	\$ _	110,721.00
Par	2: Summarize Your Liabilities			
				ur liabilities ount you owe
2.	Schedule D: Creditors Who Have Claims Secure 2a. Copy the total you listed in Column A, Amou	ed by Property (Official Form 106D) int of claim, at the bottom of the last page of Part 1 of Schedule D	\$	69,150.00
3.	Schedule E/F: Creditors Who Have Unsecured 3a. Copy the total claims from Part 1 (priority un	Claims (Official Form 106E/F) secured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriorit	y unsecured claims) from line 6j of Schedule E/F	\$	13,479.00
		Your total liabilities	\$	82,629.00
Par	3: Summarize Your Income and Expenses			
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line	2 of Schedule I	\$	2,754.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Sci	chedule J	\$	2,752.00
Par	4: Answer These Questions for Administra	ntive and Statistical Records		
6.	Are you filing for bankruptcy under Chapters No. You have nothing to report on this part	57, 11, or 13? of the form. Check this box and submit this form to the court with yo	our othe	r schedules.
			5	
7.	Yes What kind of debt do you have?			
		s. Consumer debts are those "incurred by an individual primarily for ill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a perso	onal, family, or

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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the court with your other schedules.

Best Case Bankruptcy

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,260.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Port A on Outralide 5/F country to following.	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill	in this inform	nation to identify	your case and th	is filinç	g:				
Deb	otor 1	Martin E. Jo	hnson						
		First Name	Middle	Name	Last Name				
Deb	otor 2	Barbara S. J							
(Spo	use, if filing)	First Name	Middle	Name	Last Name				
Unit	ted States Bar	nkruptcy Court for	the: NORTHERI	N DIST	RICT OF OHIO				
Cas	se number								Check if this is an amended filing
_		rm 106A/B e A/B: P i	_						12/15
			<u> </u>	n 0000	only once. If an asset fits in more than one	ootogony list	the eccet in	the es	
Ansv Part	ver every quest	tion. Each Residence, B	uilding, Land, or Oth	ner Real	his form. On the top of any additional pages Estate You Own or Have an Interest In lence, building, land, or similar property?	s, write your na	ame and case	e numk	er (if known).
1. D.	o you own or n	ave any legal of eq	unable interest in a	ily resid	refree, building, land, or similar property.				
	No. Go to Part	2.							
	Yes. Where is	the property?							
1.1				What	t is the property? Check all that apply				
	580 James				Single-family home	Do not dedu	ct secured cla	ims or	exemptions. Put
	Street address, i	f available, or other des	cription				ount of any secured claims on Schedule D: ors Who Have Claims Secured by Property.		
					Manufactured or mobile home	Current val	ue of the	Curr	ent value of the
	Akron	ОН	44312-0000		Land	entire prope			ion you own?
	City	State	ZIP Code		Investment property	\$6	7,940.00	_	\$67,940.00
					Timeshare Other	(such as fee	e simple, ten		nership interest y the entireties, or
				Who	has an interest in the property? Check one Debtor 1 only	a life estate Fee simp	•		
	Summit				Debtor 2 only				
	County				Debtor 1 and Debtor 2 only	— Chack	if this is com	munit	, proporty
					At least one of the debtors and another		ructions)	mumity	y property
					r information you wish to add about this ite erty identification number:	m, such as loc	al		
				Par	cel No 5101037				

Official Form 106A/B Schedule A/B: Property page 1

TRANSFERENCE

			1345411.00	V V V V V V V V V V V V V V V V V V V
Hope appro	ved by Tax May or 30 days from		12 JUL -7	AM 2: 41
6-26-12 (CHL S/292 9 TRANSFERRED SEC.319 \$ 147500 \$	IN COMPLIANCE WIT. 202 REV. CODE 9920 possideration	H KATSI :	TOTALISE TABLE
Quit Claim Deed	KRISTEN M. SCALISE CP FISCAL OFFICER		fficer	
KNOW ALL MEN BY THESE PRES	ENTS: Williams Foundation,	Inc, A Michigan Non-Pro	fit Corporation	
whose address is 15101 W. 8 Mile Ro	ad, Detroit, Michigan, 48235			
hereby quit claims any and all interest	it may have to Barbara Johnso	on, a married woman		
whose address is 25 East Randy, Bart	perton, OH 44203			
for the sale of land situated in the City	of Akron, County of Summit	and State of Ohio describ	ed as:	
SITUATED IN THE TOWNS KNOWN AS BEING LOT N RECORDED IN PLAT BOOD TO ELECTRIC UTILITY EA RECORDS	UMBER FIFTEEN(#15) ANI K 47, PAGES 116-119, INCL	O THE A.E. BRADSHAV USIVE, SUMMIT COUN	ALLOTMENT RECORDS,	OF NO.1 AS SUBJECT
COMMONLY KNOWN AS: PARCEL ID NO. 5101037 for the sum of FOURTEEN THOUSA	5P9\$292\$6\$11	o pe	.00)	
Dated: June 11, 2012				
IN PRESENCE OF:		SIGNED AND SEAL	ED:	
			iams II, Presiden	(L.S.)
		williams Fo	undation, Inc	(L.S.)
STATE OF MICHIGAN)				
COUNTY OF Wayne) ss.				
The forgoing instrument was acknowled Foundation, Inc.	edged before me this 11th day	De T	Debreille La Shay Notary Public of Wayne Cou	Thomas Michigan
My Commission expires:		£\^	ing in the County of	NAME OF THE PARTY
Drafted By: Larry J. Williams II Business Address: 15101 W. 8 Mile R	oad, MI 48235	Return To: Barbara Joh 25 East Ran		

Barberton, OH 44203

Print

Print

Pay by Phone

Pay On-Line

Kristen M. Scalise CPA, CFE

Fiscal Officer, County of Summit

Note: This is a live file and is subject to constant change. IAS4 - INTEGRATED ASSESSMENT SYSTEM REVIEW DOCUMENT Summit County Auditor Division, OH - Tax Year 2016

Reference Year OCT 22, 2016 11:31 AM

BASIC INFORMATION FOR PARCEL 6741566

PARCEL 6741566 NO CARDS: 1

ALT ID 070046706015000 ---LISTER---

OWNER JOHNSON MARTIN E & JOHNSON BARBARA S 881 01-JAN-14 OWNER VAC/ABAND: 0

2357 SW 16TH ST, AKRON 44314-**RENTAL REG:** N/A ADDR. SPEC FLAG: SV-HERBERICH 14 ALL DESC.

NBR: 30100222 DESC. **LUC: 510**

DESC. R - SINGLE FAMILY DWELLING, PLATTED 67 AKRON CITY-AKRON CSD HOMESTEAD: DISTRICT No

Owner Occupancy Credit:No INTER-COUNTY77-0530

LAND FOR PARCEL 6741566

CODE ACTUAL BASE DEPTH UNIT DEP/FAC INCR/DECR INFLUENCE INFLU% VALUE 01 40 112 .86 160/160 12600

LOT CODE: 01 = HOUSE LOT

RESIDENTIAL CARD 1 OF 1 FOR PARCEL 6741566

STYHT	2	HT/AC	CENTRAL			
CONST	ALUMINUM/VINYL	FUEL	GAS			
MSRY TRIM		SYSTEM	FORCED AIR			
TYPE	COLONIAL	ATTIC	NO			
YR BUILT	1926	FINBSMT				
EFF YR		REC RM				
YRREMDLD		FRP PREFB				
TOT RM	6	FRPL OP/ST				
BEDRM	3	BSMT GAR				
FAMLYRM		PHYSICAL	35		ADJ BASE	98060
FULL/BTH	1	FUNC DEP			ADDN MISC FEAT.	0
HALF/BTH		FUNC RSN			ADDITIONS TOTAL	5220
TOT FIXTRS	5	ECON DEP	98		SUBTOTAL	103280
BSMT	FULL	ECON RSN	70		REPL COST	61970
GFLA	480	GRADE	060		LESS DEPR	21260
SFLA	992	COND (CDU)	FAIR	(90%)	ADJ RCNLD	19130
		PCT CMPL			DWELLING VAL	19130

DESCRIPTION: COLONIAL ALUMINUM/VINYL 2 STORY WITH 480 SQ FT GROUND FLOOR LIVING AREA AND 992 TOTAL SQ FT LIVING AREA, BUILT ABOUT 1926. IT HAS 6 TOTAL ROOMS WITH 3 BEDROOMS, 1 FULL BATHROOM, A FULL BASEMENT, HEATING IS CENTRAL AND THE OVERALL CONDITION IS FAIR.

Sketch



ADDITION CODES:

LNLW 1S 2N 3R AREA %COMP VALUE

В 10 32 1960 C 11 160 3260

http://fiscalweb.summitoh.net/clt/refintg3.main

FILED 10/22/16 ENTERED 10/22/16 11:45:46 16-52551-amk Doc 1 Page 12 of 55

lf	you own or ha	ve more	than one, list	here:			
.2					t is the property? Check all that apply		
	357 16th Street			_	Single-family home	Do not deduct secured cl	
St	reet address, if availabl	e, or other des	scription		Duplex or multi-unit building	the amount of any secure Creditors Who Have Clair	
					Condominium or cooperative		
				п	Manufactured or mobile home		
Δ	kron	ОН	44314-0000	П		Current value of the	Current value of the portion you own?
Ci		State	ZIP Code	-		entire property? \$37,240.00	\$37,240.0
O.	.,	Otato	211 0000	ä	Timeshare		
							your ownership interest nancy by the entireties, o
				Who	has an interest in the property? Check one	a life estate), if known.	iano, by the entireties, e
					Debtor 1 only	Fee Simple	
S	ummit				Debtor 2 only		
Co	ounty			_	Debtor 1 and Debtor 2 only	01 - 1 17 41 1 1 1 - 1 - 1	
					At least one of the debtors and another	☐ Check if this is con (see instructions)	nmunity property
				Othe	r information you wish to add about this i	tem, such as local	
				prop	erty identification number:		
					ant, TO BE SURRENDERED		
				Pare	cel No. 6741566		
pagart 2:	Describe Your Ve	ached for hicles ave legal	Part 1. Write th	at numbe	your entries from Part 1, including and the remaining and the rema	ered or not? Include any v	· · · · · · · · · · · · · · · · · · ·
pagart 2: o you omeor	Describe Your Ve own, lease, or he else drives. If y s, vans, trucks, to	hicles ave legal ou lease a	Part 1. Write th or equitable int vehicle, also rep	erest in a	ny vehicles, whether they are registe Schedule G: Executory Contracts and L	ered or not? Include any v	\$105,180.00
pagart 2: o you omeor Cars	Describe Your Ve own, lease, or he else drives. If y s, vans, trucks, tr	hicles ave legal ou lease a	Part 1. Write th or equitable int vehicle, also rep	erest in a	ny vehicles, whether they are registe Schedule G: Executory Contracts and L	ered or not? Include any v	
pagart 2: D you meor Cars	Describe Your Ve own, lease, or he else drives. If y s, vans, trucks, tr	ached for hicles ave legal ou lease a actors, sp	Part 1. Write the or equitable into vehicle, also report utility vehic	erest in a port it on S	ny vehicles, whether they are registe Schedule G: Executory Contracts and L	ered or not? Include any valuexpired Leases.	ehicles you own that
pagart 2: co you omeor Cars No	Describe Your Verown, lease, or he else drives. If yes, vans, trucks, trucks	ached for hicles ave legal ou lease a actors, sp	Part 1. Write the or equitable into vehicle, also report utility vehic	erest in a port it on Siles, moto	in here	pred or not? Include any valuexpired Leases. Do not deduct secured control the amount of any secure.	ehicles you own that
pagart 2: b you omeon Cars No You 3.1	Describe Your Ve own, lease, or he else drives. If y vans, trucks, trucks as Make: Dodge	ached for hicles ave legal ou lease a actors, sp	Part 1. Write the or equitable interpretation vehicle, also report utility vehicle.	erest in a cort it on Siles, moto	ny vehicles, whether they are registe Schedule G: Executory Contracts and D prcycles	pered or not? Include any volumexpired Leases. Do not deduct secured or the amount of any secure Creditors Who Have Cla	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
page page page page page page page page	Describe Your Verence else drives. If you want you	ached for hicles ave legal ou lease a actors, sp	Part 1. Write the or equitable into vehicle, also report utility vehicles	erest in a cort it on Siles, moto	ny vehicles, whether they are registers of the second of t	pred or not? Include any valuexpired Leases. Do not deduct secured control the amount of any secure.	ehicles you own that laims or exemptions. Put ed claims on Schedule D:
page Part 2: o you omeon Cars No You 3.1	Describe Your Verone less drives. If your verone less drives drives. If your verone less drives driv	ached for hicles ave legal ou lease a actors, sp	Part 1. Write the or equitable interpretation vehicle, also report utility vehicles	who has a Debtor Debtor Debtor	ny vehicles, whether they are registe Schedule G: Executory Contracts and D prcycles	Do not deduct secured c the amount of any secure Creditors Who Have Cla	ehicles you own that laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the
pagart 2: o you omeon Cars I No	Describe Your Veron, lease, or have else drives. If your verones was provided by the control of	ached for hicles ave legal ou lease a actors, sp	Part 1. Write the or equitable interpretation vehicle, also report utility vehicles at 184,000	who has a Debtor Debtor At least	ny vehicles, whether they are register of the debtors and Lorcycles In interest in the property? Check one 1 only 2 only 1 and Debtor 2 only 2 one of the debtors and another	Do not deduct secured or the amount of any secure Creditors Who Have Cla Current value of the entire property?	ehicles you own that laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own?
page Part 2: o you omeon Cars No You 3.1	Describe Your Veron, lease, or have else drives. If your verones was provided by the control of	ached for hicles ave legal ou lease a actors, sp	Part 1. Write the or equitable interpretation vehicle, also report utility vehicles at 184,000	who has a Debtor Debtor Debtor At least	ny vehicles, whether they are register of the contracts and but the contracts and but the contracts are contracted as a contract are contracted as a contracted	Do not deduct secured c the amount of any secure Creditors Who Have Cla	ehicles you own that laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the
part 2: o you omeor Cars No You 3.1	Describe Your Veron, lease, or have else drives. If your verones was provided by the control of	ached for hicles ave legal ou lease a actors, sp	Part 1. Write the or equitable into vehicle, also report utility vehicle.	who has a Debtor Debtor At least (see inst	ny vehicles, whether they are register of the dule G: Executory Contracts and Lorcycles In interest in the property? Check one 1 only 2 only 1 and Debtor 2 only 2 one of the debtors and another if this is community property	Do not deduct secured c the amount of any secure Creditors Who Have Cla Current value of the entire property? \$912.00	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$912.00
part 2: o you Cars N Y 3.1	Describe Your Veron, lease, or have else drives. If your veron, lease, or have else drives. If your veron, rucks, tracks, trac	ached for hicles ave legal ou lease a actors, sp	Part 1. Write the or equitable into vehicle, also report utility vehice 184,000	who has a Debtor Debtor At least (see inst	in y vehicles, whether they are register of the schedule G: Executory Contracts and Lorcycles In interest in the property? Check one 1 only 2 only 1 and Debtor 2 only 2 one of the debtors and another if this is community property tructions) In interest in the property? Check one	Do not deduct secured c the amount of any secure creditors Who Have Cla Current value of the entire property? \$912.00 Do not deduct secured c the amount of any secure creditors who Have Cla	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$912.06
part 2: o you Cars Cars No. 3.1	Describe Your Veron, lease, or have else drives. If your verones was provided by the lease of th	ached for hicles ave legal ou lease a actors, sp	Part 1. Write the or equitable into vehicle, also report utility vehice 184,000	who has a Debtor At least Check (see inst	in y vehicles, whether they are registed Schedule G: Executory Contracts and Lorcycles In interest in the property? Check one 1 only 2 only 1 and Debtor 2 only 2 one of the debtors and another if this is community property tructions) In interest in the property? Check one 1 only	Do not deduct secured c the amount of the entire property? Do not deduct secured c the amount of the entire property? \$912.00 Do not deduct secured c the amount of any secure creditors Who Have Cla	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$912.00 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
part 2: o you Cars Cars No. 3.1	Describe Your Veron, lease, or have else drives. If your veron, vans, trucks,	p	Part 1. Write the or equitable interpretation vehicle, also report utility vehice 184,000	who has a Debtor At least Check (see inst Debtor	in y vehicles, whether they are registed Schedule G: Executory Contracts and Laborcycles In interest in the property? Check one 1 only 2 only 1 and Debtor 2 only 2 one of the debtors and another if this is community property tructions) In interest in the property? Check one 1 only 2 only	Do not deduct secured c the amount of any secure creditors Who Have Cla Current value of the entire property? \$912.00 Do not deduct secured c the amount of any secure creditors who Have Cla	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$912.06
page Part 2: o you omeon Cars No 3.1	pes you have att Describe Your Ve own, lease, or he else drives. If yes, vans, trucks,	p	Part 1. Write the or equitable interpretation vehicle, also report utility vehices 184,000	who has a Debtor Debtor At least Who has a Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor	in y vehicles, whether they are registed Schedule G: Executory Contracts and Lorcycles In interest in the property? Check one 1 only 2 only 1 and Debtor 2 only 2 one of the debtors and another if this is community property tructions) In interest in the property? Check one 1 only	Do not deduct secured control the amount of any secure Creditors Who Have Cla Current value of the entire property? \$912.00 Do not deduct secured control the amount of any secure Creditors Who Have Cla Current value of the amount of any secure Creditors Who Have Cla Current value of the	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$912.00 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the
page Part 2: o you omeon Cars No 3.1	pes you have att Describe Your Verice else drives. If your verice else drives else drives. If your verice else drives. If your verice else drives else drives. If your verice else else drives. If your verice else else drives. If your verice else else else else else else else el	p	Part 1. Write the or equitable interpretation vehicle, also report utility vehices 184,000	who has a Debtor Debtor At least Who has a Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor	In vehicles, whether they are register of the schedule G: Executory Contracts and Description of the debtors and another of the debtors and another of this is community property tructions) In interest in the property? Check one of the debtors and another of this is community property tructions) In interest in the property? Check one of the debtor 2 only only only only only only only only	Do not deduct secured control the amount of any secure Creditors Who Have Cla Current value of the entire property? \$912.00 Do not deduct secured control the amount of any secure Creditors Who Have Cla Current value of the amount of any secure Creditors Who Have Cla Current value of the	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$912.00 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1 Debtor 2			Case number	er (if known)	
		tor homes, ATVs and other recreational, motors, personal watercraft, fishing vesse			
■ No					
☐ Yes					
		f the portion you own for all of your entred for Part 2. Write that number here			\$2,123.00
Part 3:	Describe Your Perso	onal and Household Items			
-		legal or equitable interest in any of the f	ollowing items?	portion yo Do not dec	alue of the ou own? duct secured exemptions.
Exam □ No	, , , , , ,	furnishings nces, furniture, linens, china, kitchenware			
	3. Describe				
		Furniture, appliances, general ho	usehold goods		\$2,500.00
□ No	ples: Televisions a including cel	and radios; audio, video, stereo, and digital I phones, cameras, media players, games	equipment; computers, printers, scanne	ers; music collections; electr	onic devices
		Personal electronics, television, o	cameras, cell phones etc.		\$500.00
		, , , , , , , , , , , , , , , , , , , ,			
Exam ■ No	other collecti	I figurines; paintings, prints, or other artwor ions, memorabilia, collectibles	k; books, pictures, or other art objects; s	stamp, coin, or baseball card	d collections;
⊔ Ye	s. Describe				
Exam ■ No	musical instr	ographic, exercise, and other hobby equipm	nent; bicycles, pool tables, golf clubs, sk	kis; canoes and kayaks; carp	pentry tools;
■ No	mples: Pistols, rifle	s, shotguns, ammunition, and related equi	oment		
⊔ Ye	s. Describe				
□ No	<i>mples:</i> Everyday cl	othes, furs, leather coats, designer wear, s	hoes, accessories		
■ Ye	s. Describe				
		Wearing apparel			\$200.00
■ No	mples: Everyday je	ewelry, costume jewelry, engagement rings	, wedding rings, heirloom jewelry, watch	nes, gems, gold, silver	

☐ Yes. Describe.....

Official Form 106A/B Schedule A/B: Property

page 3

Debtor 1 Debtor 2	Martin E. Johnson Barbara S. Johnso	n	Case number (if known)	
Exam	arm animals ples: Dogs, cats, birds, h	orses		
■ No □ Yes.	Describe			
	ther personal and hous	ehold items you did	not already list, including any health aids you did not list	
■ No □ Yes.	Give specific informatio	n		
		•	Part 3, including any entries for pages you have attached	\$3,200.00
Part 4: De	escribe Your Financial Ass	ets		
Do you o	wn or have any legal or	equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	ples: Money you have in		ome, in a safe deposit box, and on hand when you file your petiti	ion
. 00.			Cash	\$10.00
□ No ■ Yes.		Chapking	Institution name: BFG Credit Union	\$151.00
	17.1	. Checking	Bro Cleuk Onion	— — — — — — — — — — — — — — — — — — —
	17.2	Checking	Huntington Bank	\$36.00
	17.3	Checking	Huntington Bank	\$21.00
	s, mutual funds, or publ ples: Bond funds, investn		okerage firms, money market accounts	
■ No □ Yes.		Institution or issuer	name:	
	ublicly traded stock and venture	d interests in incorpo	orated and unincorporated businesses, including an interes	et in an LLC, partnership, and
	Give specific informatio	n about them ame of entity:	 % of ownership:	
Negot Non-r	tiable instruments include	personal checks, cas	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
■ No □ Yes.	Give specific information	about them		
	ls	suer name:		

Official Form 106A/B Schedule A/B: Property

page 4

	ebtor 1 ebtor 2	Martin E. Johns Barbara S. John			Case number	(if known)
21.		ent or pension ac les: Interests in IRA		403(b), thrift savings a	accounts, or other pension or profi	t-sharing plans
	☐ Yes. L	ist each account se	eparately. Type of account:	Institution nan	ne:	
22.	Your sh		eposits you have made s		ue service or use from a company ic, gas, water), telecommunication	
				Institution nan	ne or individual:	
23.	Annuitie	es (A contract for a	periodic payment of mor	ney to you, either for lif	e or for a number of years)	
	☐ Yes	lssue	r name and description.			
24.			RA, in an account in a (A(b), and 529(b)(1).	qualified ABLE progr	ram, or under a qualified state to	uition program.
	Yes	Institu	ution name and description	on. Separately file the	records of any interests.11 U.S.C.	§ 521(c):
25.	Trusts, ■ No	equitable or future	e interests in property (other than anything l	listed in line 1), and rights or po	wers exercisable for your benefit
	☐ Yes. (Give specific inform	ation about them			
	Example ■ No	les: Internet domain	marks, trade secrets, a names, websites, proce			
	☐ Yes. (Give specific inform	ation about them			
27.			other general intangib s, exclusive licenses, coo		oldings, liquor licenses, professio	nal licenses
	☐ Yes. (Give specific inform	ation about them			
M	oney or p	roperty owed to y	ou?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.		ınds owed to you				
	■ No □ Yes. 0	Give specific informa	ation about them, includi	ng whether you alread	y filed the returns and the tax yea	rs
29.	■ No	• •		support, child support	, maintenance, divorce settlement	, property settlement
30.	Other a	mounts someone des: Unpaid wages,	owes you	•	ts, sick pay, vacation pay, worker	s' compensation, Social Security
	■ No □ Yes.	Give specific inform	ation			
31.		s in insurance pol les: Health, disabilit		h savings account (HS	SA); credit, homeowner's, or renter	r's insurance
	_	Name the insurance	company of each policy Company name:	and list its value.	Beneficiary:	Surrender or refund value:

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Best Case Bankruptcy

page 5

Schedule A/B: Property

Official Form 106A/B

Debtor 1 Debtor 2	Martin E. Johnson Barbara S. Johnson Case number (if known)	
If you	erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to recone has died.	eive property because
	Give specific information	
Exam _l	against third parties, whether or not you have filed a lawsuit or made a demand for payment oles: Accidents, employment disputes, insurance claims, or rights to sue	
■ No □ Yes.	Describe each claim	
34. Other €	contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to	set off claims
	Describe each claim	
35. Any fir ■ No	ancial assets you did not already list	
☐ Yes.	Give specific information	
	he dollar value of all of your entries from Part 4, including any entries for pages you have attached art 4. Write that number here	\$218.00
Part 5: De	scribe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.	
37. Do you (own or have any legal or equitable interest in any business-related property?	
No. Go	to Part 6.	
☐ Yes. (So to line 38.	
	scribe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. ou own or have an interest in farmland, list it in Part 1.	
	own or have any legal or equitable interest in any farm- or commercial fishing-related property?	
☐ Yes	. Go to line 47.	
Part 7:	Describe All Property You Own or Have an Interest in That You Did Not List Above	
Examp	have other property of any kind you did not already list? bles: Season tickets, country club membership	
■ No □ Yes.	Give specific information	
54. Add t	he dollar value of all of your entries from Part 7. Write that number here	\$0.00

Official Form 106A/B Schedule A/B: Property page 6

Martin E. Johnson Debtor 1 Debtor 2 Barbara S. Johnson

Case number (if known)

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$105,180.00
56.	Part 2: Total vehicles, line 5	\$2,123.00		
57.	Part 3: Total personal and household items, line 15	\$3,200.00		
58.	Part 4: Total financial assets, line 36	\$218.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$5,541.00	Copy personal property total	\$5,541.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$110,721.00

Official Form 106A/B Schedule A/B: Property page 7 Software Copyright (c) 1996-2016 Best Case, LLC - www.bestcase.com

Fill in this inform	ation to identify your	case:			
Debtor 1	Martin E. Johnson				
	First Name	Middle Name	Last Name		
Debtor 2	Barbara S. Johns	on			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ban	kruptcy Court for the:	NORTHERN DISTRICT	OF OHIO		
Case number				- 0	de a al atrodota da la ca
(II KIIOWII)				_	heck if this is an
				aı	mended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1	Which set of exemptions	are vou claimin	n? Check one	only even if your	r spouse is filina with you

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
580 James Avenue Akron, OH 44312 Summit County	\$67,940.00	-	\$136,925.00	Ohio Rev. Code Ann. § 2329.66(A)(1)	
Parcel No 5101037 Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	2323.00(A)(1)	
1997 Dodge Pick-Up 184,000 miles	\$912.00		\$912.00	Ohio Rev. Code Ann. § 2329.66(A)(2)	
Ellio II oli i ochedale A/B. G.1			100% of fair market value, up to any applicable statutory limit	2020.00(A)(2)	
2000 Chevrolet Prism 150,000 miles Line from Schedule A/B: 3.2	\$1,211.00		\$1,211.00	Ohio Rev. Code Ann. § 2329.66(A)(2)	
Ellie Holli Gonedale Av.B. 4.2			100% of fair market value, up to any applicable statutory limit	2020:00(//)(2)	
Furniture, appliances, general household goods	\$2,500.00		\$2,500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	2020:00(A)(4)(d)	
Personal electronics, television, cameras, cell phones etc.	\$500.00		\$500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Line from <i>Schedule A/B</i> : 7.1			100% of fair market value, up to any applicable statutory limit	2020.00(1)(4)(4)	

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
Wearing apparel Line from Schedule A/B: 11.1	\$200.00		\$200.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
			100% of fair market value, up to any applicable statutory limit	A CANA	
Cash Line from Schedule A/B: 16.1	\$10.00		\$10.00	Ohio Rev. Code Ann. § 2329.66(A)(3)	
Ellie IIoili ochedule A.D. 10.1			100% of fair market value, up to any applicable statutory limit	2020.00(17)(0)	
Checking: BFG Credit Union Line from Schedule A/B: 17.1	\$151.00		\$151.00	Ohio Rev. Code Ann. § 2329.66(A)(3)	
Ellie IIolii ochedale A.L. TTT			100% of fair market value, up to any applicable statutory limit	2020:00(//)(0)	
Checking: Huntington Bank Line from Schedule A/B: 17.2	\$36.00		\$36.00	Ohio Rev. Code Ann. § 2329.66(A)(3)	
Ellie IIolii ochedale A.E. 1112			100% of fair market value, up to any applicable statutory limit	2020:00(//)(0)	
Checking: Huntington Bank Line from Schedule A/B: 17.3	\$21.00		\$21.00	Ohio Rev. Code Ann. § 2329.66(A)(3)	
Line from Scheddie A/D. 11.3			100% of fair market value, up to any applicable statutory limit	2323.00(A)(3)	

2	Ara vali alaimina a	hamastaad	avamption of	more than \$160.375?
J.	Are vou ciaiminu a	nomestead	exemblion or	more man arou.s/s?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 - ☐ No
 - ☐ Yes

Fill in this inform	ation to identify you	ur case:				
Debtor 1	Martin E. Johns	son				
Debtor 2	First Name	Middle Name	Last Name			
(Spouse if, filing)	Barbara S. John First Name	Middle Name	Last Name		-	
United States Ban	kruptcy Court for the	: NORTHERN DISTRIC	CT OF OHIO			
Case number						
(if known)					☐ Check	if this is an
					ameno	ded filing
Official Form	106D					
Schedule I	 D: Creditors	Who Have Cla	aims Secured	d by Propert	У	12/15
		If two married people are fil out, number the entries, and				
-	have claims secured by	y your property?				
☐ No. Check	this box and submit t	his form to the court with y	our other schedules. You	ou have nothing else t	o report on this form.	
Yes. Fill in	all of the information	below.				
Part 1: List All	Secured Claims			Column A	Column B	Column C
		more than one secured claim, s a particular claim, list the oth		Amount of claim	Value of collateral	Unsecured
much as possible, lis	st the claims in alphabeti	ical order according to the cre	ditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 US Bank H	lome Mortgage	Describe the property tha		\$69,150.00	\$37,240.00	\$31,910.00
4801 Frede Owensbor	erica Street o, KY 42301 City, State & Zip Code	2357 16th Street SW 44314 Summit Cour Vacant, TO BE SURI Parcel No. 6741566 As of the date you file, the apply. Contingent Unliquidated	nty RENDERED			
Who owes the del	ot? Check one.	☐ Disputed Nature of lien. Check all t	hat apply.			
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made car loan)		cured		
Debtor 1 and Del	otor 2 only	Statutory lien (such as ta	ax lien, mechanic's lien)			
☐ At least one of the ☐ Check if this cla	e debtors and another	☐ Judgment lien from a lav☐ Other (including a right t				
community deb		Other (including a right t				
Date debt was incu	rred 1980	Last 4 digits of acc	ount number 4559			
Add the dollar val	lue of your entries in C	Column A on this page. Write	e that number here:	\$69,15	50.00	
	page of your form, add	the dollar value totals from		\$69,15		
		- -				
		or a Debt That You Alread		already listed in Dort 4	Far average if a college	tion occupy in
trying to collect fro than one creditor fo	m you for a debt you o or any of the debts that	ne notified about your bankr owe to someone else, list the t you listed in Part 1, list the nis page.	e creditor in Part 1, and th	nen list the collection a	gency here. Similarly, if	you have more
Name, Number, Street, City, State & Zip Code Lerner Sampson & Rothfuss 120 East Fourth Street 8th Floor Cincinnati, OH 45202 On which line in Part 1 did you enter the creditor?						

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

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Debto	r 1 Martin E. Joh	nnson		Case number (if know)			
	First Name	Middle Name	Last Name				
Debto	r 2 Barbara S. J	ohnson					
	First Name	Middle Name	Last Name				
	Robert B. Laybo Jeff R. Laybourr	ne Street, Suite 900		On which line in Part 1 did you enter the creditor?			
		•		On which line in Part 1 did you enter the creditor?			
	Name, Number, Stree US Bank NA 7105 Corporate Plano, TX 75024			On which line in Part 1 did you enter the creditor? Last 4 digits of account number			

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Fill ir	this inform	nation to identify your c	ase:					
Debto	or 1	Martin E. Johnson						
		First Name	Middle Nan	ne	Last Name			
Debto		Barbara S. Johnso						
(Spous	e if, filing)	First Name	Middle Nan	ne	Last Name			
Unite	d States Bar	nkruptcy Court for the:	NORTHERN	DISTRICT OF C	OHIO			
Cooo	number							
(if knov							П	Check if this is an
							_	amended filing
		<u>106E/F</u> /F: Creditors WI	no Have l	Jnsecured	d Claims			12/15
Sched left. At name a	ule D: Credito tach the Cont and case num List Al	ors Who Have Claims Secutinuation Page to this page ober (if known). I of Your PRIORITY Uns	red by Property I If you have no secured Claim	r. If more space is information to re	s needed, copy	the Part you	rs with partially secured claim: I need, fill it out, number the en nat Part. On the top of any add	ntries in the boxes on the
_	-	rs have priority unsecured	claims against	you?				
	No. Go to Pa	art 2.						
	Yes.							
Part :		l of Your NONPRIORITY						
3. D	o any credito	rs have nonpriority unsecu	ıred claims aga	inst you?				
	No. You hav	re nothing to report in this pa	rt. Submit this fo	rm to the court wit	h your other sche	edules.		
	Yes.							
ui th	nsecured claim	n, list the creditor separately	for each claim. F	or each claim liste	ed, identify what t	type of claim	n claim. If a creditor has more the it is. Do not list claims already in iority unsecured claims fill out the	cluded in Part 1. If more
								Total claim
4.1	Akron G	Seneral Medical Cente	er L	ast 4 digits of ac	count number	7623		\$8,711.00
		Creditor's Name				2010		
		General Ave. OH 44307	V	When was the del	bt incurred?	2012		_
		reet City State Zlp Code		As of the date you	u file, the claim i	is: Check all	that apply	
	Who incur	red the debt? Check one.						
	☐ Debtor	1 only	[☐ Contingent				
	☐ Debtor	2 only]	☐ Unliquidated				
	Debtor	1 and Debtor 2 only	[☐ Disputed				
	☐ At least	one of the debtors and anot	her 1	ype of NONPRIO	RITY unsecured	d claim:		
	☐ Check	if this claim is for a comm	unity [☐ Student loans				
	debt	m subject to offset?	. [Obligations aris	sing out of a sepa	aration agree	ment or divorce that you did not	
	■ No	•				ıg plans, and	other similar debts	
	☐ Yes		ı	Other. Specify	Medical			

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 6

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37094

Best Case Bankruptcy

Barbara S. Johnson		Case number (if know)				
Akron General Partners Physician	Last 4 digits of account number	Multiple accounts	\$10.0			
Nonpriority Creditor's Name PO Box 781702	When was the debt incurred?	2016				
PO Box 78000 Detroit, MI 48278						
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply				
Who incurred the debt? Check one.						
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts				
□Yes	Other Specify Medical					
Asset acceptance LLC	Last 4 digits of account number	2218	\$1,544.0			
Nonpriority Creditor's Name P.O. Box 318035	When was the debt incurred?	2002	41,01			
Cleveland, OH 44131-8035 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
Debtor 1 only	П					
Debtor 2 only	☐ Contingent					
<u> </u>	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d alaim.				
At least one of the debtors and another	Student loans	d Claim:				
☐ Check if this claim is for a community debt						
s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts				
□Yes	Other. Specify Collections	<u> </u>				
		Multiple				
CBSC, Inc	Last 4 digits of account number	accounts	\$689.0			
Nonpriority Creditor's Name PO Box 163279 Columbus, OH 43216	When was the debt incurred?	2016				
Number Street City State ZIp Code	As of the date you file, the claim i	is: Check all that apply				
Who incurred the debt? Check one.	•					
Debtor 1 only	☐ Contingent					
☐ Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
No	Debts to pension or profit-sharing	g plans, and other similar debts				
☐ Yes	Other. Specify Collections					

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 6

Debtor Debtor	Martin E. Johnson Barbara S. Johnson		Case number (if know)	
4.5	County of Summit	Last 4 digits of account number	0000	\$112.00
	Nonpriority Creditor's Name Dept. of Sanitary Sewer PO Box 1259 Akron, OH 44309	When was the debt incurred?	2016	
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	1 claim.	
	At least one of the debtors and another	Student loans	. o.a	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	■ Other. Specify Utility	g plane, and exiler cirmial desice	
	Li res	Other. Specify		
4.6	ERC Nonpriority Creditor's Name	Last 4 digits of account number	6506	\$181.00
	PO Box 23870 Jacksonville, FL 32241	When was the debt incurred? 2016		
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	☐ Debtor 1 only ☐ Contingent			
	☐ Debtor 2 only ☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only □ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Collections	-Time Warner Cable	
4.7	Fidelity Properties, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	4721	\$370.00
	220 E. Main Street Alliance, OH 44601	When was the debt incurred?	2011	
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Collections	-Radiology & Imaging Services	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 6

Debtor Debtor	Martin E. Johnson Barbara S. Johnson		Case number (if know)				
4.8	First Credit	Last 4 digits of account number	4491	\$87.00			
	Nonpriority Creditor's Name PO Box 630838 Cincipped OH 45363 0838	When was the debt incurred?	2014				
	Cincinnati, OH 45263-0838 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	-					
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Medical					
4.9	IC System, Inc.	Last 4 digits of account number	1001	\$163.00			
	Nonpriority Creditor's Name PO Box 64378	D Box 64378 When was the debt incurred?					
	Saint Paul, MN 55164 Number Street City State Zlp Code	is: Check all that apply					
	Who incurred the debt? Check one.	76 of the date yearine, the claim	o. Oncok all that apply				
	☐ Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharing	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Collections	-AT&T				
4.1	Receivables Outsourcing LLC	Last Addition of account mountain	7001	\$32.00			
0	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ32.00			
	PO Box 549	When was the debt incurred?	2014				
	Lutherville Timonium, MD 21094						
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	O continuent					
	Debtor 2 only	☐ Contingent					
	Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	_	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts				
	□Yes	Other Specify Collections					
	· - 2	- Other. Specify					

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 6

Debtor 1 Martin E. Johnson Debtor 2 Barbara S. Johnson Case number (if know) 4.1 6646 \$1,580.00 **United Consumer Financial** Last 4 digits of account number Nonpriority Creditor's Name 865 Bassett Rd. 2015 When was the debt incurred? Westlake, OH 44145 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Loan ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Akron General Medical Center** Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 16157 ■ Part 2: Creditors with Nonpriority Unsecured Claims Rocky River, OH 44116 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? AT&T Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 5080 Part 2: Creditors with Nonpriority Unsecured Claims Carol Stream, IL 60197-5080 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Laybourne Law Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 159 South Main Street #900 Part 2: Creditors with Nonpriority Unsecured Claims **Akron, OH 44308** Last 4 digits of account number robert On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Mark Wiseman Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 4356 Baintree Road Part 2: Creditors with Nonpriority Unsecured Claims Cleveland, OH 44118 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Radiology & Imaging Services Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1 Akron General Avenue Part 2: Creditors with Nonpriority Unsecured Claims Akron, OH 44307 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Summit County Clerk of Courts** Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 205 South High Street Part 2: Creditors with Nonpriority Unsecured Claims **Akron, OH 44308** Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Summit County Clerk of Courts** Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 205 South High Street Part 2: Creditors with Nonpriority Unsecured Claims Akron, OH 44308 Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

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Official Form 106 E/F

Best Case Bankruptcy

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor 1 Martin E. Johnson Debtor 2 Barbara S. Johnson		Case number (if know)
Time Warner Cable	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 0901 Carol Stream, IL 60132-0901		■ Part 2: Creditors with Nonpriority Unsecured Claims
•	Last 4 digits of account number	

type of unsecured claim.

Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total				
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	¢ 0.00
IIOIII Fait I				\$
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
		,		<u> </u>
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total	01.	Statistic Touris	01.	Φ
claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		\$ 0.00
		you did not report as priority claims	6g.	<u> </u>
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount	6i.	\$ 13,479.00
		here.		
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 13,479,00
	Oj.	rotal Horiphonty. Add into of anough of.	oj.	\$13,479.00

Fill in this infor	mation to identify your	case:		
Debtor 1	Martin E. Johnso	n		
	First Name	Middle Name	Last Name	
Debtor 2	Barbara S. Johns	son		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have the , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	,			,,,,,,	
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5	/				
	Name				
	Number	Street			
	City		State	ZIP Code	<u></u>

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

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Fill in this i	information to identify your	case:			
Debtor 1	Martin E. Johnso	n			
	First Name	Middle Name	Last Name		
Debtor 2	Barbara S. Johns				
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT	T OF OHIO		
Case numb	er				
(if known)	· .				☐ Check if this is an
					amended filing
Official	Form 106H				
		.1.4			
Sched	ule H: Your Cod	ebtors			12/15
your name a	id number the entries in the and case number (if known) ou have any codebtors? (if	. Answer every question	1.	. •	o of any Additional Pages, write
,	(,	you alo illing a joille cace,	as not not ouner operator	as a soustion	
■ No					
☐ Yes					
Arizona 	a, California, Idaho, Louisiana,				v states and territories include
	Go to line 3.				
☐ Yes.	Did your spouse, former spou	use, or legal equivalent liv	e with you at the time?		
in line : Form 1 out Col	2 again as a codebtor only i 06D), Schedule E/F (Official lumn 2.	f that person is a guarar	ntor or cosigner. Make	sure you have listed the	g with you. List the person shown the creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
_	Column 1: Your codebtor ame, Number, Street, City, State and Zl	P Code		Check all schedule	ditor to whom you owe the debt s that apply:
3.1 N	lame			Schedule D, line	
.,	iamo			☐ Schedule E/F, li ☐ Schedule G, line	•
_				— Scriedule G, line	
	lumber Street City	State	ZIP Code		
· ·	,	Cidio	2 0000		
3.2	lame			Schedule D, line	
.,				☐ Schedule E/F, li ☐ Schedule G, line	
_					
	lumber Street City	State	ZIP Code		
· ·	•	- 2	0000		

Fill	in this information to	o identify your ca	ase:							
Del	Debtor 1 Martin E. Johnson									
	btor 2 buse, if filing)	Barbara S. J								
Uni	ited States Bankrup	tcy Court for the:	NORTHERN DISTRIC	CT OF OHIO		_				
	se number nown)					Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date:				
0	fficial Form	106I					MM / DD/ Y		ie ioliowing date.	
S	chedule I:	Your Inco	ome				IVIIVI / DD/ I	111		12/15
sup spo atta	plying correct info use. If you are sep ch a separate shee	rmation. If you arated and you	ible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly, and your th you, do not incl	spouse ude infor	is liv mati	ing with you, inclu on about your spo	ıde inf use. If	formation about f more space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or no	n-filing spouse	
	If you have more than attach a separate paginformation about add	, ,	F	☐ Employed	■ Emplo	■ Employed				
			Employment status	■ Not employed			☐ Not er	☐ Not employed		
	employers.		Occupation				Food Se	Food Service		
		Include part-time, seasonal, or self-employed work. Employer's name					Bill Whi	Bill Whites		
	Occupation may include student or homemaker, if it applies.						2911 E. Akron,			
			How long employed the	here?			4	Mont	ths	
Par	ct 2: Give Det	tails About Mon	thly Income							
	mate monthly incouse unless you are		ate you file this form. If y	you have nothing to	report for	any	line, write \$0 in the	space.	. Include your no	n-filing
,	ou or your non-filing e space, attach a se	•	re than one employer, co	ombine the information	on for all	empl	oyers for that perso	n on th	ne lines below. If	ou need
							For Debtor 1		Debtor 2 or -filing spouse	
2.	List monthly gro deductions). If no		2.	\$	0.00	\$	1,308.00			
3.	Estimate and list	t monthly overti	me pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross	Income. Add lin	e 2 + line 3		4	\$	0.00	\$	1 308 00	

Case number (if known)

				I	For Debtor 1		For Debto		
	_						non-filing	_	
	Copy	y line 4 here	4.	,	0.00	_	\$1	,308.00	-
5.	List a	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	9	0.00		\$	294.00	
	5b.	Mandatory contributions for retirement plans	5b.			_	\$	0.00	_
	5c.	Voluntary contributions for retirement plans	5c.		0.00	_	\$	0.00	_
	5d.	Required repayments of retirement fund loans	5d.			_	\$	0.00	_
	5e.	Insurance	5e.			_	\$	0.00	_
	5f.	Domestic support obligations	5f.			_	\$	0.00	_
	5g.	Union dues	5g.		0.00	_	\$	0.00	_
	5h.	Other deductions. Specify:	5h.+				·	0.00	_
6.	-	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6	\$	-	_	\$	294.00	_
7.		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	- 0.00	_	· 	,014.00	_
			٠.	Ψ	0.00	-	Ψ	,014.00	-
8.		all other income regularly received:							
	8a.	Net income from rental property and from operating a business, profession, or farm							
		Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	9	0.00		\$	0.00	
	8b.	Interest and dividends	8b.	9	0.00	_	\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent				-			_
		regularly receive							
		Include alimony, spousal support, child support, maintenance, divorce	•	,			•		
		settlement, and property settlement.	8c.		0.00	_	\$	0.00	_
	8d.	Unemployment compensation	8d.			_	\$	0.00	_
	8e.	Social Security	8e.	(1,740.00	_	\$	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
		Specify:	_ 8f.		0.00	_	\$	0.00	_
	8g.	Pension or retirement income	8g.	(0.00	_	\$	0.00	_
	8h.	Other monthly income. Specify:	8h.+	- (0.00	- +	+ \$	0.00	_
•			.			7			
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,740.00	-	\$	0.00	0
						_		1	
10.	Calc	ulate monthly income. Add line 7 + line 9.	10. \$		1,740.00 +	·	1,014.00	_ = \$	2,754.00
	Add t	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							
11.	Include other	e all other regular contributions to the expenses that you list in Schedule and de contributions from an unmarried partner, members of your household, your or friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a cify:	depen				ed in <i>Schedu</i>	le J. +\$	0.00
12.	Add	the amount in the last column of line 10 to the amount in line 11. The resu	ılt is th	ne i	combined monthly	in	come.		
		e that amount on the Summary of Schedules and Statistical Summary of Certain						\$	2,754.00
								Combi	
13.	Do y	ou expect an increase or decrease within the year after you file this form?	?					monthl	y income
		No.				_			
		Yes. Explain:							

Filli	in this informa	ation to identify yo	our case:							
Debtor 1 Martin E. Johnson							neck if	this is:		
		Martin L. 50	11113011				amended filing			
Deb	tor 2	Barbara S. J	ohnson					•	ving postpetition chapt	er
(Spc	ouse, if filing)						13 6	expenses as of	the following date:	
Unite	ed States Bankr	ruptcy Court for the	: NORTH	HERN DISTRICT OF OHIO)		MM	/ DD / YYYY		
Case	e number									
(If kr	nown)									
Of	fficial Fo	rm 106J								
Sc	chedule	J: Your	Exner	1989						2/15
Be a	as complete ormation. If m	and accurate as	possible eded, atta	. If two married people and the community is the community and the community is the community in the community in the community is the community in the community in the community is the community in the community in the community is the community in the community in the community is the community in the community in the community is the community in the community in the community is the community in the communi					r supplying correct	
Part		ribe Your House	hold							
1.	Is this a joir									
	□ No. Go to									
	■ Yes. Doe	es Debtor 2 live	in a separ	ate household?						
	■ N □ Y		st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of D	ebtor 2	2.		
2.	Do you have	e dependents?	Пль							
۷.	•	•	☐ No							
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor			Dependent's age	Does dependent live with you?	
	Do not state	the							□ No	
	dependents	names.			Grandson			4	Yes	
					_				□ No	
					Son			30	■ Yes	
									□ No	
									☐ Yes	
									□ No	
3.	Do vour ext	penses include	_						☐ Yes	
0.	expenses o	of people other to d your depende	han 👝	No Yes						
	<u> </u>									
exp	imate your ex		our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp						
the	value of sucl	h assistance an		government assistance i cluded it on <i>Schedule I:</i> '				Your expe	enses	
(Oil	ficial Form 10	,,						Tour oxpo		
4.		or home owners		ses for your residence. I	Include first mortgage	e 4.	\$_		0.00	
	If not include	ded in line 4:								
	4a. Real e	estate taxes				4a.	\$		133.00	
		erty, homeowner's	s, or renter	's insurance		4b.			80.00	
	4c. Home	maintenance, re	pair, and u	upkeep expenses		4c.			120.00	
_		owner's associat				4d.	_		0.00	
5.	Additional r	mortgage payme	ents for yo	our residence , such as ho	me equity loans	5.	\$		0.00	

	tin E. Johnson bara S. Johnson	Case num	ber (if known))
l Itilitiaa:				
Utilities: 6a. Elec	tricity, heat, natural gas	6a.	\$	299.00
	er, sewer, garbage collection	6b.		85.00
	phone, cell phone, Internet, satellite, and cable services	6c.		130.00
	er. Specify:	6d.	•	0.00
	housekeeping supplies	— 7.	·	800.00
	and children's education costs	8.		0.00
	aundry, and dry cleaning	9.	·	100.00
-	care products and services	10.		75.00
	nd dental expenses	11.	·	175.00
	ation. Include gas, maintenance, bus or train fare.		·	
	ude car payments.	12.	\$	500.00
Entertainr	nent, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
Charitable	contributions and religious donations	14.	\$	25.00
Insurance	•			
	ude insurance deducted from your pay or included in lines 4 or 20.			
15a. Life		15a.		0.00
	Ith insurance	15b.		0.00
	cle insurance	15c.		130.00
	er insurance. Specify:	15d.	\$	0.00
	not include taxes deducted from your pay or included in lines 4 or 20.		•	
Specify:		16.	\$	0.00
	nt or lease payments:	170	¢.	0.00
	payments for Vehicle 1	17a.	·	0.00
	payments for Vehicle 2	17b.	·	0.00
	er. Specify:	17c.	·	0.00
	er. Specify:	17d.	\$	0.00
	nents of alimony, maintenance, and support that you did not report as from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).		\$	0.00
	ments you make to support others who do not live with you.		\$	0.00
Specify:	, ·	19.	Ť ——	0.00
	property expenses not included in lines 4 or 5 of this form or on School		our Income.	
	gages on other property	20a.		0.00
20b. Rea	estate taxes	20b.	\$	0.00
20c. Prop	perty, homeowner's, or renter's insurance	20c.	\$	0.00
	ntenance, repair, and upkeep expenses	20d.	\$	0.00
	neowner's association or condominium dues	20e.	\$	0.00
Other: Spe	ecify:	21.	+\$	0.00
				0.00
	your monthly expenses			_
	nes 4 through 21.		\$	2,752.00
22b. Copy	line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add li	ne 22a and 22b. The result is your monthly expenses.		\$	2,752.00
Calculate	your monthly net income.			
	y line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,754.00
	y your monthly expenses from line 22c above.	23b.		
23b. Cop	y your monthly expenses from line 220 above.	230.	-Ф	2,752.00
23c Suh	tract your monthly expenses from your monthly income.			
	result is your <i>monthly net income</i> .	23c.	\$	2.00
	•		<u> </u>	
For example modification	pect an increase or decrease in your expenses within the year after you, do you expect to finish paying for your car loan within the year or do you expect you to the terms of your mortgage?			crease or decrease because of
No.				
☐ Yes.	Explain here:			

Fill in this inf							
	ormation to identify your						
Debtor 1	Martin E. Johnso	Middle Name	Lac	t Name			
Debtor 2	Barbara S. Johns		Las	i ivallie			
(Spouse if, filing)	First Name	Middle Name	Las	t Name			
United States	Bankruptcy Court for the:	NORTHERN DISTRIC	T OF OHIO				
Case number							
(if known)						☐ Check if this is an	
						amended filing	
Official Fo	rm 106Dec						
	ation About a	n Individua	I Dobt	or's	Schodulos		
Deciara	ation About a	<u>III IIIUIVIUUA</u>	i Debi	01 2	Scriedules	12	/15
f two married	people are filing togethe	r, both are equally resn	onsible for s	unnlvin	a correct information		
						atement, concealing property, or ,000, or imprisonment for up to 2	
	. 18 U.S.C. §§ 152, 1341, 1		intrupicy cas	e can r	esuit in filles up to \$250	,000, or imprisonment for up to 2	:0
•							
S	ign Below						
Did you	pay or agree to pay some	one who is NOT on off	ornov to holm	vou fill	Lout hankruntov forma	1	
Dia you	pay or agree to pay some	one who is NOT an acc	orney to neip	you iii	out bankruptcy forms		
■ No							
□ Yes	. Name of person				Attach B	ankruptcy Petition Preparer's Notic	e.
						ion, and Signature (Official Form 1	
Under pe	nalty of perjury, I declare	that I have read the sur	mmary and s	chedul	es filed with this declara	ation and	
	are true and correct.						
X /e/M	artin E. Johnson		X	/e/ Ra	ırbara S. Johnson		
	in E. Johnson		^		ara S. Johnson		
	ature of Debtor 1				ure of Debtor 2		
Dota	Oatabar 20, 2040			Deta	Ontohor 20, 2040		
Date	October 20, 2016			Date	October 20, 2016		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill ir	n this inforr	nation to identify you	r case:			
Debte	or 1	Martin E. Johns	*			
Debto	or 2	First Name Barbara S. John	Middle Name	Last Name		
	se if, filing)	First Name	Middle Name	Last Name		
Unite	d States Ba	nkruptcy Court for the:	NORTHERN DISTRICT (OF OHIO		
Case (if know	number _				_	theck if this is an mended filing
Star Be as inform	complete a	and accurate as possi	attach a separate sheet to	are filing together, both are	equally responsible for sup	
Part			stion. arital Status and Where You	Lived Before		
1. V	What is you	r current marital statu	ıs?			
•	■ Married □ Not mai					
į	■ No		lived anywhere other than to be a sixty of the last 3 years. Do not not be a sixty of the last 3 years.	•	ı.	
	Debtor 1 Pr	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory	
Part		ake sure you fill out <i>Scl</i>	nedule H: Your Codebtors (Of	fficial Form 106H).		
4. [Did you hav	e any income from en al amount of income yo		all businesses, including part		ndar years?
[□ No ■ Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year untiled for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commissions, bonuses, tips	\$5,205.00
			☐ Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Best Case Bankruptcy

				D-1:14					Dahia 0		
				Debtor 1		_	•		Debtor 2		
					of income that apply.	(befo	ss income ore deduction usions)	s and	Sources of inc Check all that a		Gross income (before deductions and exclusions)
	r last calen nuary 1 to		31, 2015)	☐ Wages bonuses,	s, commissions, tips			\$0.00	■ Wages, combonuses, tips	missions,	\$9,381.00
				☐ Opera	ting a business				☐ Operating a	business	
	r the calend inuary 1 to			☐ Wages bonuses,	s, commissions, tips			\$0.00	■ Wages, combonuses, tips	missions,	\$10,556.00
				☐ Opera	ting a business				☐ Operating a	business	
5.	Include include and other winnings. I	come regard oublic benef f you are fili	lless of wheth fit payments; ng a joint cas he gross inco	er that inco pensions; r e and you l	ental income; inte nave income that	amples o rest; divid you recei	of other incordends; mone ived togethe	ne are a ey collec r, list it o		royalties; an ebtor 1.	ecurity, unemployment, d gambling and lottery
	— 163.	i ili ili tile de	italis.								
				Debtor 1		_			Debtor 2		
				Describe I	of income pelow.	each (befo	ss income fr source ore deduction usions)		Sources of inc Describe below		Gross income (before deductions and exclusions)
	om January e date you f		nt year until kruptcy:	SSI Ben	efits		\$17,4	00.00			
	r last calen inuary 1 to		31, 2015)	SSI Ben	efits		\$20,8	80.00			
	r the calend inuary 1 to			SSI Ben	efits		\$19,9	50.00			
Da	rt 3: List	Cortain Da	vmente Vou	Made Befo	ore You Filed for	Rankrur	ntev				
6.	Are either	Debtor 1's	or Debtor 2	s debts pr ebtor 2 ha	imarily consume	er debts? umer del	? bts. Consun	ner debts	s are defined in 11	U.S.C. § 10	1(8) as "incurred by an
		_	90 days befo	re you filed	for bankruptcy, d	lid you pa	ay any credit	or a tota	I of \$6,425* or mo	re?	
		□ No.	Go to line 7	-							
		Yes	paid that cre not include	editor. Do n payments t	ot include payme o an attorney for t	nts for do this bank	omestic supp ruptcy case.	ort oblig		ild support a	he total amount you and alimony. Also, do
	■ Yes.	Debtor 1 c	or Debtor 2 o	r both hav	e primarily cons	umer del	bts.		I of \$600 or more?	ŕ	
		■ No.	Go to line 7								
		□ Yes	List below e	each credito ments for d	omestic support o				the total amount port and alimony.		t creditor. Do not include payments to an
	Creditor's	s Name and	d Address		Dates of payme	ent	Total am	ount	Amount you	Was this	payment for
								paid	still owe		

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Martin E. Johnson Debtor 2 Barbara S. Johnson			Case number (if known)						
l c	<i>Inside</i> of whi	n 1 year before you filed for bankruptours include your relatives; any general pach you are an officer, director, person in iness you operate as a sole proprietor. 1 my.	ortners; relatives of any gen control, or owner of 20% o	eral partners; partner r more of their voting	erships of which yo g securities; and ar	u are a genera ny managing a	al partner; corporations gent, including one for		
į		No							
		es. List all payments to an insider. Ier's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment		
				paid	still owe				
insid		n 1 year before you filed for bankruptoer? le payments on debts guaranteed or cos		ments or transfer a	any property on a	ecount of a de	ebt that benefited an		
ı		No							
		es. List all payments to an insider							
	Insid	ler's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment litor's name		
Part	4:	Identify Legal Actions, Repossession	ns, and Foreclosures						
L r	_ist al modifi □ N	n 1 year before you filed for bankrupto I such matters, including personal injury ications, and contract disputes. No Yes. Fill in the details.							
	Case	e title e number	Nature of the case		Status of the case				
	US E	Bank Home Mortgage vs Martin ohnson & Barbara S. Johnson 2CF084559	Foreclosure	Summit County Common Pleas Clerk of Courts 205 S. High Str Floor Akron, OH 443	s s eet, First	☐ Pending ☐ On appe ☐ Conclud	al		
	Check	n 1 year before you filed for bankrupto c all that apply and fill in the details below		rty repossessed, f	oreclosed, garnis	hed, attached	d, seized, or levied?		
[_	No. Go to line 11. Yes. Fill in the information below.							
	Cred	itor Name and Address	Describe the Property	Date		Value of the			
			Explain what happened	I			property		
11. Within 90 days before you filed for bankru accounts or refuse to make a payment bed No Yes Fill in the details		unts or refuse to make a payment bec		uding a bank or fir	nancial institution	, set off any a	nmounts from your		
	Cred	itor Name and Address	Describe the action the	Describe the action the creditor took Dat			Amount		
	court	n 1 year before you filed for bankrupto -appointed receiver, a custodian, or a		erty in the possess			efit of creditors, a		
	_	res							

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	otor 1 otor 2	Martin E. Johnson Barbara S. Johnson		Case number	(if known)					
Pai	t 5:	List Certain Gifts and Contributions	i							
13.		in 2 years before you filed for bankru No Yes. Fill in the details for each gift.	ptcy, d	lid you give any gifts with a total value of more t	han \$600 per person	?				
	Gifts per p	s with a total value of more than \$600 person son to Whom You Gave the Gift and ress:		Describe the gifts	Dates you gave the gifts	Value				
14.	= 1	in 2 years before you filed for bankru No Yes. Fill in the details for each gift or co		lid you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?				
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)			Describe what you contributed	Dates you contributed	Value				
Pai	t 6:	List Certain Losses								
15.	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details.									
	how the loss occurred Includ			the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost				
Pai	t 7:	List Certain Payments or Transfers								
16.	Includ	ulted about seeking bankruptcy or pr	reparin	d you or anyone else acting on your behalf pay on a bankruptcy petition? Is, or credit counseling agencies for services require		rty to anyone you				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You		ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment				
	333 Akro jerri	ham & Associates Law Offices, L S. Main Street, Suite 601 on, OH 44308 ielaw@att.net; namlawoffice1@att.net	LC	Attorney Fees	October 2016	\$964.00				
17.	prom Do no		tors or	d you or anyone else acting on your behalf pay or to make payments to your creditors? ed on line 16.	or transfer any prope	rty to anyone who				
	_ '	Yes. Fill in the details.								
	Pers Addi	son Who Was Paid ress		Description and value of any property transferred	Date payment or transfer was made	Amount of payment				

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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18.	18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your princlude gifts and transfers that you have already listed on this statement. No					
	☐ Yes. Fill in the details. Person Who Received Transfer Address	Description and property transfer			any property or s received or debts	Date transfer was made
	Person's relationship to you	property manera		paid in ex		
19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-protein No Yes. Fill in the details.		ny property to a	self-settled tr	ust or similar device o	of which you are a
	Name of trust	Description and	value of the pro	nerty transfer	red	Date Transfer was
	Nume of trust	Description and	value of the pro	perty transier	i cu	made
Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit ur houses, pension funds, cooperatives, associations, and other financial institutions. No						
		Last 4 digits of account number			ate account was osed, sold, oved, or ansferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables? No Yes. Fill in the details.	ear before you filed fo	or bankruptcy, aı	ny safe depos	it box or other deposit	cory for securities,
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe the	contents	Do you still have it?
22.	Have you stored property in a storage unit or ■ No □ Yes. Fill in the details.	place other than you	ır home within 1	year before y	ou filed for bankruptc	y?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe the	Do you still have it?	
Par	t 9: Identify Property You Hold or Control for	or Someone Else				
23.			lude any proper	ty you borrow	red from, are storing fo	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe the	property	Value
Par	t 10: Give Details About Environmental Infor	rmation				
For	the purpose of Part 10, the following definition	ns apply:				
	Environmental law means any federal, state,	or local statute or reg	julation concern	ing pollution,	contamination, releas	es of hazardous or

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

Debtor 1 Martin E. Johnson
Debtor 2 Barbara S. Johnson

Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.						atutes or			
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.								
		<i>ardous material</i> means anything an env ardous material, pollutant, contaminant			was	ste, hazardous substance, toxic s	substance,		
Rep	ort a	II notices, releases, and proceedings th	hat yo	ou know about, regardless of wher	the:	y occurred.			
24.	Has	any governmental unit notified you that	at you	u may be liable or potentially liable	und	er or in violation of an environme	ental law?		
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)			Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice		
25.	Hav	e you notified any governmental unit of	f any	release of hazardous material?					
		No							
		Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)			Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice		
26.	Hav	e you been a party in any judicial or ad	lminis	strative proceeding under any envi	ronn	nental law? Include settlements a	and orders.		
	_								
		No Yes. Fill in the details.							
	Case Title			Court or agency	Nat	ure of the case	Status of the		
	Cas	se Number		Name Address (Number, Street, City, State and ZIP Code)			case		
Par	t 11:	Give Details About Your Business or	r Con	nections to Any Business					
27.	With	nin 4 years before you filed for bankrup	otcy.	did you own a business or have an	v of	the following connections to any	business?		
	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
		☐ A member of a limited liability comp							
	□ A partner in a partnership								
	☐ An officer, director, or managing executive of a corporation								
	☐ An owner of at least 5% of the voting or equity securities of a corporation								
	No. None of the above applies. Go to Part 12.								
		Yes. Check all that apply above and fil			S.				
	Bu	siness Name		scribe the nature of the business		Employer Identification number			
		Address (Number, Street, City, State and ZIP Code)		Name of accountant or bookkeeper		Do not include Social Security number or ITIN. Dates business existed			
28.		nin 2 years before you filed for bankrup itutions, creditors, or other parties.	otcy, (did you give a financial statement t	to an	yone about your business? Inclu	ıde all financial		
		No							
		Yes. Fill in the details below.							
	Name Address (Number, Street, City, State and ZIP Code)								
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 1 00., 0, 0 a a a a							

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Debtor 1	Wartin E. Johnson		
Debtor 2	Barbara S. Johnson		Case number (if known)
with a bar			, concealing property, or obtaining money or property by fraud in connection or
/s/ Marti	n E. Johnson	/s/ Ba	rbara S. Johnson
Martin E	. Johnson	Barba	ara S. Johnson
Signatur	e of Debtor 1	Signat	ture of Debtor 2
Date O	ctober 20, 2016	Date	October 20, 2016
Did you a ■ No □ Yes	ttach additional pages to <i>Your State</i>	ment of Financial i	Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
Did you p	ay or agree to pay someone who is i	not an attorney to	help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Fill in this infor	matian to identify your ago.			
	mation to identify your case:			
Debtor 1	Martin E. Johnson First Name	Middle Name	Last Name	
Debtor 2	Barbara S. Johnson	Middle None	Look Nome	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the: NC	RTHERN DIS	TRICT OF OHIO	
Case number (if known)				Charle if this is an
(II KHOWH)				Check if this is an amended filing
If you are an ind creditors hav you have lea: You must file th which on the	nt of Intention f	7, you must fil operty, or ne lease has n 30 days after urt extends th		et for the meeting of creditors, e creditors and lessors you list
Part 1: List Y	our name and case number	(if known).	s needed, attach a separate sheet to this form. On D: Creditors Who Have Claims Secured by Property	
information b			What do you intend to do with the property that	
			secures a debt?	as exempt on Schedule C?
	JS Bank Home Mortgage		■ Surrender the property.	□ No
name:			☐ Retain the property and redeem it. ☐ Retain the property and enter into a	■ Yes
Description of property securing debt	2357 16th Street SW Al 44314 Summit County Vacant, TO BE SURRE Parcel No. 6741566	,	Reaffirmation Agreement. □ Retain the property and [explain]:	_
Part 2: List Y	our Unexpired Personal Pro	perty Leases		
For any unexpir in the information	ed personal property lease to on below. Do not list real est	hat you listed ate leases. Un	in Schedule G: Executory Contracts and Unexpire lexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p)(e lease period has not yet ended.
Describe your	unexpired personal property	leases		Will the lease be assumed?
Lessor's name:				□ No
Description of le	ased			_
Property:				☐ Yes
Lessor's name:	anad			□ No
Description of le Property:	aseo			☐ Yes
Official Form 108	s	tatement of Ir	ntention for Individuals Filing Under Chapter 7	page 1

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	otor 1 Martin E. Johnson tor 2 Barbara S. Johnson	Case number (if known)
Les	sor's name:	□ No
Des	cription of leased perty:	☐ Yes
	sor's name: cription of leased	□ No
Pro	perty:	☐ Yes
	sor's name: cription of leased	□ No
	perty:	☐ Yes
	sor's name: cription of leased	□ No
	perty:	☐ Yes
	sor's name: cription of leased	□ No
	perty:	☐ Yes
Part	t3: Sign Below	
	er penalty of perjury, I declare that I have indicated perty that is subject to an unexpired lease.	d my intention about any property of my estate that secures a debt and any personal
X	/s/ Martin E. Johnson	χ /s/ Barbara S. Johnson
	Martin E. Johnson Signature of Debtor 1	Barbara S. Johnson Signature of Debtor 2
	Date October 20, 2016	Date October 20, 2016

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Fill in this inforr	Fill in this information to identify your case:					
Debtor 1	Martin E. Johnson					
Debtor 2 (Spouse, if filing)	Barbara S. Johnson					
United States E	Bankruptcy Court for the: Northern District of Ohio					
Case number (if known)						

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- □ 3. The Means Test does not apply now because of qualified military service but it could apply later.

Column B

Debtor 2 or

☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Column A

Debtor 1

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Debtor 1	non-filing spouse
 Your gross wages, salary, tips, bonuses, overtime, and commissi payroll deductions). 	ons (before all \$ 0.00	\$ 1,260.00
Alimony and maintenance payments. Do not include payments from Column B is filled in.	a spouse if \$ 0.00	\$
4. All amounts from any source which are regularly paid for househ of you or your dependents, including child support. Include regula from an unmarried partner, members of your household, your dependent and roommates. Include regular contributions from a spouse only if Confilled in. Do not include payments you listed on line 3.	r contributions ents, parents,	\$0.00
5. Net income from operating a business, profession, or farm		
Del	btor 1	
Gross receipts (before all deductions) \$ 0.00		
Ordinary and necessary operating expenses -\$ 0.00	•	
Net monthly income from a business, profession, or farm \$	Copy here -> \$ 0.00	\$ 0.00
6. Net income from rental and other real property	·	
, , ,	btor 1	
Gross receipts (before all deductions) \$ 0.00		
Ordinary and necessary operating expenses -\$ 0.00	•	
, , , , , , , , , , , , , , , , , , ,	Copy here -> \$ 0.00	\$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00
7. Interest, dividends, and royalies	<u> </u>	

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 1

				Column A Debtor 1		Column B Debtor 2 o non-filing		
8.	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amour the Social Security Act. Instead, list it here:		efit under					
	For you		0.00					
	For your spouse	·	0.00					
	Pension or retirement income. Do not include any arbenefit under the Social Security Act.			\$	0.00	\$	0.00	
10.	Income from all other sources not listed above. Sp Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism. If necessary, list other sources on total below.	Security Act or paymental manity, or internation	ents al or			•		
	•			\$	0.00	\$	0.00	
	Total amounts for many states and a first			\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
11.	Calculate your total current monthly income. Add li each column. Then add the total for Column A to the to		\$	0.00	+	1,260.00	= \$	1,260.00
							Total c	urrent monthly
Part	2: Determine Whether the Means Test Applies	to You						
12.	Calculate your current monthly income for the year	r. Follow these steps:						
	12a. Copy your total current monthly income from line	11		Сор	y line 11	here=>	\$	1,260.00
	Multiply by 12 (the number of months in a year)						x 1	2
	12b. The result is your annual income for this part of the	ne form				12b	o. \$	15,120.00
13.	Calculate the median family income that applies to	you. Follow these st	eps:				L	
	Fill in the state in which you live.	ОН						
	Fill in the number of people in your household.	4						
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link		in the separa			\$	78,983.00
14.	How do the lines compare?							
	Line 12b is less than or equal to line 13. CGo to Part 3.	On the top of page 1, o	check box	1, There is i	no presun	nption of abus	se.	
	14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.	of page 1, check box	2, The pro	esumption of	abuse is	determined b	y Form 12	22A-2.
Part	3: Sign Below							
	By signing here, I declare under penalty of perjury	y that the information	on this sta	atement and	in any att	achments is to	rue and co	orrect.
	χ /s/ Martin E. Johnson	Х	/s/ Bark	oara S. Joh	nson			
	Martin E. Johnson		Barbara	a S. Johns	on			
	Signature of Debtor 1	Data	Ū	e of Debtor 2				
	Date October 20, 2016 MM / DD / YYYY	Date	MM / DD	r 20, 2016				
	If you checked line 14a, do NOT fill out or file For	m 122A-2.	. = -	•				
	If you checked line 14b, fill out Form 122A-2 and	file it with this form.						

Official Form 122A-1

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Northern District of Ohio

		Northern District of Onio		
In re	Martin E. Johnson Barbara S. Johnson		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMI	PENSATION OF ATTO	DNEV FOR DE	TRTOR(S)
	DISCLOSURE OF COM	ENSATION OF ATTO	RIVET FOR DI	ZDIOK(S)
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplating	, or agreed to be paid	to me, for services rendered or to	
	For legal services, I have agreed to accept		\$	964.00
	Prior to the filing of this statement I have receive	ved	\$	964.00
	Balance Due		s	0.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed co	ompensation with any other person	unless they are mem	bers and associates of my law firm
	☐ I have agreed to share the above-disclosed compcopy of the agreement, together with a list of the	pensation with a person or persons we names of the people sharing in the	who are not members compensation is atta	or associates of my law firm. A ched.
5.	In return for the above-disclosed fee, I have agreed	to render legal service for all aspec	ts of the bankruptcy c	ase, including:
1	 a. Analysis of the debtor's financial situation, and reb. Preparation and filing of any petition, schedules, c. Representation of the debtor at the meeting of cred. [Other provisions as needed] Negotiations with secured creditors reaffirmation agreements and applic 522(f)(2)(A) for avoidance of liens on 	statement of affairs and plan which editors and confirmation hearing, a to reduce to market value; ex- ations as needed; preparation	n may be required; nd any adjourned hea emption planning;	rings thereof; preparation and filing of
6.	By agreement with the debtor(s), the above-disclose Redemptions, representation of the stay actions or any other adversary	debtor(s) in any dischargeabil		al lien avoidances, relief from
		CERTIFICATION		
	I certify that the foregoing is a complete statement of bankruptcy proceeding.	f any agreement or arrangement for	payment to me for r	epresentation of the debtor(s) in
o	October 20, 2016	/s/ Maurice E. Gr	aham	
Date		Maurice E. Graha		
		Signature of Attorna Graham & Assoc	ey iates Law Offices,	LLC
		333 S. Main Stree	et, Suite 601	· ·
		Akron, OH 44308		`F
			Fax: 1-330-253-626 ; grahamlawoffice	
		Name of law firm	., granamawomice	i Sattillot

United States Bankruptcy Court Northern District of Ohio

In re	Barbara S. Johnson		Case No.		
		Debtor(s)	Chapter 7		
	VER	RIFICATION OF CREDITOR	MATRIX		
Γhe abo	ove-named Debtors hereby verify	that the attached list of creditors is true and co	orrect to the best of their l	knowledge.	
Date:	October 20, 2016	/s/ Martin E. Johnson			
		Martin E. Johnson			
		Signature of Debtor			
Date:	October 20, 2016	/s/ Barbara S. Johnson			
		Barbara S. Johnson			

Signature of Debtor

Martin E. Johnson

Akron General Medical Center 1 Akron General Ave. Akron, OH 44307

Akron General Medical Center PO Box 16157 Rocky River, OH 44116

Akron General Partners Physician PO Box 781702 PO Box 78000 Detroit, MI 48278

Asset acceptance LLC P.O. Box 318035 Cleveland, OH 44131-8035

AT&T PO Box 5080 Carol Stream, IL 60197-5080

CBSC, Inc PO Box 163279 Columbus, OH 43216

County of Summit Dept. of Sanitary Sewer PO Box 1259 Akron, OH 44309

ERC
PO Box 23870
Jacksonville, FL 32241

Fidelity Properties, Inc. 220 E. Main Street Alliance, OH 44601

First Credit PO Box 630838 Cincinnati, OH 45263-0838

IC System, Inc. PO Box 64378 Saint Paul, MN 55164 Laybourne Law 159 South Main Street #900 Akron, OH 44308

Lerner Sampson & Rothfuss 120 East Fourth Street 8th Floor Cincinnati, OH 45202

Mark Wiseman 4356 Baintree Road Cleveland, OH 44118

Radiology & Imaging Services 1 Akron General Avenue Akron, OH 44307

Receivables Outsourcing LLC PO Box 549 Lutherville Timonium, MD 21094

Robert B. Laybourne Jeff R. Laybourne 159 South Main Street, Suite 900 Akron, OH 44308

Summit County Clerk of Courts 205 South High Street Akron, OH 44308

Summit County Court of Common Pleas Clerk of Courts 205 S. High Street, First Floor Akron, OH 44308

Time Warner Cable PO Box 0901 Carol Stream, IL 60132-0901

United Consumer Financial 865 Bassett Rd. Westlake, OH 44145

US Bank Home Mortgage 4801 Frederica Street Owensboro, KY 42301

US Bank NA 7105 Corporate Drive Plano, TX 75024